## \*\*\*FOR 24 HOUR EMERGENCY RESPONSE INFORMATION, CALL (253) 872-8030 \*\*\* (1024 ) 27293 04/03/00

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B. Generator's Name and Mailing Address  ALASKAN COPPER WORKS  628 S HANFORD  1. Generator's Phone SEAPPLE WA 98134 (206				ate Manifest D		t Number
i. Transporter 1 Company Name Enritroton Environmental, Inc.  7. Transporter 2 Company Name	er (	D. Transporter's Phone (253) 383				
Designated Facility Name and Site Address  BURLINGTON ENVIRONMENTAL, INC. KI 20245 77TH AVENUE SOUTH  KENT WA 98032	10. US EPA ID Numb	er		ate Facility's II cility's Phone (253) 8		30
		12. Cont	ainers	13. Total	14. Unit	I. Waste No
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15. Special Handling Instructions and Additional Information
CERTIFICATE OF TREATMENT/OISPOSAL REQUIRED. PLEASE INCLUDE MANIFEST DOCUMENT NUMBER ON CERTIFICATE

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Month Day Year  $\Theta_{FRAIN} = A$ 

V	GENAID A. Thompson	Bul 9. 9	1414	00
Ţ	17. Transporter 1 Acknowledgment of Receipt of Materials	$\sim$		er Against
A	Printed/Typed Name	Signature	Month Day	Year
S	GARY AICKELL	Very dete	1414	00
ğ	18. Transporter 2 Acknowledgment of Receipt of Materials		SASSAS ESPARANCE	4.0004
Ţ	Printed/Typed Name	Signature	Month Day	Year
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	19 Discrepancy Indication Space	and the state of t		MILEST N. "

	20. Facility Owner or Operator: Certification of receipt of hazardous	materials covered by this manifest except as noted in Item 19.	
•	Printed/Typed Name	Signature Month Da	ıy

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

**GENERATOR COPY** 

Year



	RESOURCE RECOVERY 1629 East Alexander Ave., Tacoma WA 98421 (253) 383-3044	2000
	BEI PUGET SOUND 1629 East Alexander Ave., Tacoma WA 98421 (253) 383-3044	
3	BEI SAN DIEGO 8451 Miralani Dr., Suite A, San Diego, CA 92121 (619) 549-1090	

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☐ BEI ALASKA 1813 E. 1st Ave., Suite 201, Anchorage AK 99501 (907) 272-9007
☐ BEI HAWAII 1263 Manulani St., Kailua, HI 96734 (808) 263-4543

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